

EPA KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name:	Prefix:	First Name:	Middle Name:
		Julie	
	Last Name:		Suffix:
	Willems Van Dijk		
Title:	Deputy Secretary		
Complete Address:			
Street1:	1 W Wilson St, PO Box 7850		
Street2:			
City:	Madison	State:	WI: Wisconsin
Zip / Postal Code:	53707-7850	Country:	USA: UNITED STATES
Phone Number:	608-266-8399	Fax Number:	608-266-7882
E-mail Address:	DHSGrantReview@wisconsin.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name:	Middle Name:
		Robert	
	Last Name:		Suffix:
	Halverson		
Title:	Director, Bureau of Fiscal Services		
Complete Address:			
Street1:	1 W Wilson St, Rm 750		
Street2:			
City:	Madison	State:	WI: Wisconsin
Zip / Postal Code:	53703	Country:	USA: UNITED STATES
Phone Number:	608-266-2019	Fax Number:	
E-mail Address:	Robert.halverson@wi.gov		

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix:	First Name:	Middle Name:
		Roy	
	Last Name:		Suffix:
	Irving		
Title:	Chief, Hazard Assessment Section		
Complete Address:			
Street1:	1 W Wilson St, Rm 150		
Street2:			
City:	Madison	State:	WI: Wisconsin
Zip / Postal Code:	53703	Country:	USA: UNITED STATES
Phone Number:	608-266-2663	Fax Number:	608-267-4853
E-mail Address:	roy.irving@wi.gov		

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: First Name: Middle Name:
Last Name: Suffix:
Title:

Complete Address:

Street1:
Street2:
City: State:
Zip / Postal Code: Country:
Phone Number: **Fax Number:**
E-mail Address: